

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:  
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450, on the date shown below.

Dated: January 27, 2005 Signature:

*Judith A. Herrick*  
(Judith A. Herrick)

Docket No.: SMCY-P02-098  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Gladney et al.

Application No.: 10/688852

Art Unit: 3673

Filed: October 15, 2003

Examiner: Santos, Robert G

For: STRANDED MATTRESS SPRING

**PETITION FOR EXTENSION OF TIME FOR 3<sup>RD</sup> MONTH AND FEE DEFICIENCY**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

A Response to the Office Action dated July 27, 2004 (Paper No. 07182004) was filed on January 26, 2005, with a petition for a 2-month extension of time instead of a 3-month extension. Applicant herewith petitions for an extension of time for a third month.

Applicant had previously authorized that any other fees due in connection with the filing of the Response be charged to our Deposit Account No. 18-1945, under Order No. SMCY-P02-098. Unless the fee deficiency has already been charged, Applicant herewith submits the fee deficiency of \$570.00 for extension for response within third month.

We believe that we have appropriately provided for fees due in connection with this submission. However, if there are any other fees due in connection with the filing of this Response, please charge our Deposit Account No. 18-1945, under Order No. SMCY-P02-098 from which the undersigned is authorized to draw.

Dated: January 27, 2005

Respectfully submitted,

By *Wolfgang E. Stutts*  
Wolfgang E. Stutts, Registration No.: 40,256  
ROPES & GRAY LLP  
One International Place  
Boston, Massachusetts 02110-2624  
(617) 951-7000  
(617) 951-7050 (Fax)  
Attorneys/Agents For Applicant

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	10/688,852
Filing Date	October 15, 2003
First Named Inventor	Richard F. Gladney
Art Unit	3673
Examiner Name	SANTOS, Robert G.
Total Number of Pages in This Submission	3
Attorney Docket Number	SMCY-P02-098

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	Petition For Extension of Time for another month to 3 <sup>rd</sup> Month and Fee Deficiency (1 page); Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

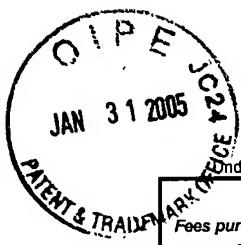
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Wolfgang E. Stutius		
Date	January 27, 2005	Reg. No.	40,256

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Dated:

  
January 27, 2005Signature:  Judith A. Herrick



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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 570.00

### Complete if Known

Application Number	10/688852
Filing Date	October 15, 2003
First Named Inventor	Richard F. Gladney
Examiner Name	SANTOS, Robert G.
Art Unit	3673
Attorney Docket No.	SMCY-P02-098

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues) Fee (\$) 50 Fee (\$) 25  
 Each independent claim over 3 (including Reissues) Fee (\$) 200 Fee (\$) 100  
 Multiple dependent claims Fee (\$) 360 Fee (\$) 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 43 =	x	=	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	

##### Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

Other: Difference in extension for response from second to third month Fee Paid (\$) 570.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,256	Telephone	(617) 951-7681
Name (Print/Type)	Wolfgang E. Stutius	Date	January 27, 2005		

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